



Name of Reporting Entity

Hotel Occupancy Tax

Quarterly Report for the Quarter Ending _____

Total Gross Receipts \$ _____
Total Exempt Receipts* \$ _____ (attach evidence supporting exemptions)
Total Taxable Receipts \$ _____
Tax Due to City @7% \$ _____

Net Amount Paid to State of Texas for this period \$ _____

I certify that the information herein, including any exhibits attached, is true and correct to the best of my knowledge.

Signature

Date

Printed Name

The following are **not** exempt from Local Hotel Occupancy Tax: Charitable organizations, Educational organizations, Religious Organizations.